HAINEY CLASS ACTION SETTLEMENT FUND REQUEST FOR EXCLUSION ("OPT OUT") FORM

This form is to be completed only by those individuals who do not wish to remain a Class member, and to not be considered for a monetary award from the Proposed Settlement Fund.

PLEASE PRINT CLEARLY IN BLACK OR BLUE INK

our Name: First	MI	Last	
ddress:(No. and Stre	eet)		
City)		(State)	(Zip Code)
our date of birth:	Your	social security number:	
aytime telephone no	.: ()		
any other telephone n	umbers where you may	be reached:	
. Name of your de	ecedent:		
. Decedent's date	e of death:		
. Your relationship	p to decedent:		
	ddresses where you live ime period when you res essary]:		
			· · · · · · · · · · · · · · · · · · ·

I am removing myself as a member of the Class;

I will receive no financial benefit from the Settlement Fund;

a)

b)

c) I have a right to pursue claims on my own, with or without my own attorney, against the Defendants up to March 15, 2008 and after that date I will be forever barred from doing so.

In order to assist the Special Master in determining if there are other individuals who might be Class members and for which you can provide information to identify those individuals, we ask that you complete the following:

or sisters) to	gether with their	dent's next-of-kin (i.e. spouse, children, parent(s), b <u>last known address and phone number(s)</u> , ar were living at the time of decedent's death [use ad	nd their
•	er, if necessary]:	voto iiving at the time of decedence death [acc ac	antiorial
Pursuant to 2 and correct.	28 U.S.C.A. § 1746	6, I state under penalty of perjury that the foregoing	is true
Executed on			_
	(date)	(Signature)	

PLEASE NOTE: THIS REQUEST FOR EXCLUSION FORM MUST BE SIGNED AND MAILED TO THE SPECIAL MASTER AT THE FOLLOWING ADDRESS AND POSTMARKED ON OR BEFORE AUGUST 6, 2007 IN ORDER FOR YOU TO BE EXCLUDED FROM THIS SETTLEMENT.

Office of the Special Master
Hainey Class Action Settlement Fund
P.O. Box 37788
Cincinnati, Ohio 45222
(513) 381-5900